

Supplier Electronic Filing Application

This form is issued under authority of P.A. 403 of 2000. Filing is mandatory.

Company Name	Application Date		
Mailing Address	City	State	Zip Code
FEIN Number	Phone Number	Fax Number	
Electronic Filing Contact Person	Contact Person Phone Number	Contact Person Email Address	

State Use Only

MFT Account ID: _____ FTP Server User ID: _____

IDENTIFY TRANSMISSION FORMAT METHOD

- ☐ ANSI X.12 813 4030 ☐ XML
☐ ANSI X.12 813 4010 ☐ OTHER X.12 813 Version: _____
☐ ASCII Flat File

INTERNET FTP SERVER DISCLAIMER: The system is for the use of authorized clients only. Individuals using the computer network system without authorization, or in excess of their authorization, are subject to having all their activity on this computer network system monitored and recorded by system personnel. To protect the computer network system from unauthorized use and to ensure the computer network systems is functioning properly, system administrators monitor this system. Anyone using this computer network system expressly consents to such monitoring and is advised that if such monitoring reveals possible conduct of criminal activity, system personnel may provide the evidence of such activity to law enforcement officers. Access is restricted to authorized users only. Unauthorized access is a violation of state and federal, civil, and criminal laws.

CERTIFICATION

Authorized Signature	Title	Date
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Send applications to:
Michigan Department of Treasury
P.O. Box 30474
Lansing, MI 48909-8209